

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68904	1/21/00
O.I.P.E. CLASSIFIER		10	2-8-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		10/10/48	2/1/00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1			7/18/00
2			6/1/00
3			12/1/00
4			9/20/00
5			6/22/00
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Claim	Final	Original	Date
51			10/17/00
52			9/5/00
53			9/20/00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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